ENTRY FORM
ADULT DEPARTMENTS

MAIL ENTRY TO:

CALIFORNIA MID-WINTER FAIR & FIESTA
200 EAST SECOND STREET
IMPERIAL, CA 92251

Phone: 760.355.1181

Name:_____
Last Name First Name

Address:_____ Home or Day Phone (Required):_____

City:_____ State_____ Zip_____

ENTRY FORM & FEES MUST BE RECEIVED BEFORE FRIDAY, FEBRUARY 1, 2008 @ 4:00 PM

LEAVE BLANK OFFICE USE ONLY

PRINT OR TYPE ENTRIES:

DIVISION NUMBER	CLASS NUMBER	DESCRIPTION OF ENTRY – One Department Per Page	ENTRY FEE	ENTRY NUMBER
		SUB TOTAL: ENTRY FEES		

Check # _____ **Grand Total** _____

LIABILITY - This receipt limits our liability - READ IT

Please accept the entries (property) described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as agent and to bind the owners of the property in all matters herein. I have read, understand and agree to abide by all the rules and regulations governing the Fair entries as published in the official Exhibitor Handbook. I have read, understand and agree to abide by all the State Rules and Regulations. I agree to indemnify, defend and hold harmless the Fair, its officers, agents, and employees from any and all claims and losses accruing or resulting to any and all persons in connection with my participation in the Fair and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged as a result of my participation.

Signed: _____ Date:_____
Adult Exhibitor or Agent

RECEIPT #_____